



Clinical practice

Evaluation of sexual assaults in Turkey



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ABSTRACT

Introduction: Sex crimes remain an important problem all over the world. Very few studies about sexual offenses in Turkey have been published. Sexual assault is a serious social problem that constitutes serious health conditions affecting the lives of involved individuals.

In this study, we aimed to investigate socio-demographic features of victims, assailant–victim relationships and sexual assault findings.

Material and methods: A total of 324 sexual assault victims presenting to and examined in the Department of Forensic Medicine, Kahramanmaraş Sutcu Imam University Medical Faculty, between January 2007 and December 2010 were included in the study. The victims completed a survey at face to face interviews.

Results: Of 324 victims, 268 (82.7%) were female and 56 (17.3%) were male. The mean age of the victims was 16.78 ± 7.16 years. In all cases, types of the assaults were as following; vaginal penetration in 160 (49.4%), anal penetration in 117 (36.1%), oral penetration with penis in 7 (2.2%) and in the form of kissing, fondling, touching the sex organ and rubbing the sex organ in 60 (18.5%) cases. Of all the assaults, 149 (46%) were found to take place in the assailants' homes and 49 (15.1%) in the victims' homes. Of 139 cases, 85 (26.3%) had genital injury alone and 54 (16.7%) had anal injury.

Conclusion: On the contrary to the previous studies, this study revealed that sexual assaults occurred mostly in the assailants' homes and that the incidence of anal trauma was higher.

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1. Introduction and aim

Sexual assault is defined as any form of sexual act committed against another person without his or her consent or against individuals who cannot give a valid consent.^{1,2} It is an important social problem which constitutes serious health problems among female, male and child victims.^{3,4} Sexual crimes are one of the most rapidly increasing and the most serious violence crimes.⁵

There have been many studies to determine the frequency and features of sexual crimes in many regions up to now. However, since these studies have been conducted only on the victims presenting to health institutions, it is not possible to determine the frequency of sexual crimes exactly. Forensic records or surveys have been used to reveal the incidence of sexual violence.⁶ In one study in the US, 17.6% of all the women were found to be exposed to sexual assault or attempts of sexual assaults. Fifty-four percent of these women were found to be 17 years old or younger when exposed to sexual assault. Three percent of the men noted that they were exposed to sexual assaults or attempts of sexual attempts.⁷ In a study on 791 girls aged under 18 years old in South Texas, 21% of the subjects had a history of sexual assaults.⁸ There is an agreement in the literature that the rate of female assault victims is higher than that of male assault victims.^{4,6,9,10}

The aim of this study was to reveal socio-demographic characteristics of sexual assault victims and assailant–victim relationships and findings from examinations of sexual assault victims in

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Kahramanmaraş, Turkey, and to compare the results with those reported in the literature.

2. Material and methods

This study included 324 people examined to determine whether they were exposed to sexual assault in the Department of Forensic Medicine at Medical School of Kahramanmaraş Sutcu Imam University between January 2007 and December 2010. Kahramanmaraş, the region of this study, is among highly populated cities of Turkey with a population of 1,037,491 comprising different cultures. Data were collected with a questionnaire composed of questions about age, gender, education, time and place of assaults, whether victims know assailants and characteristics of assailants. After informed consent was obtained from the subjects themselves older than 18 years old and parents of the subjects younger than 18 years old, the questionnaire was completed at face to face interviews. Findings from examinations of the subjects were also recorded. Lacerations of the hymen in married and widowed women and in those having a sexual relationship with people other than assailants were not considered as a sign of sexual assault. Only the lacerations of the hymen likely to be a sign of sexual assault were evaluated. The algorithm for approach to sexual assault cases was applied. Detailed physical and genital examinations of victims were performed by a forensic medicine specialist in the Department of Forensic Medicine. Obtained results were discussed in the light of the literature.

3. Results

Out of 324 sexual assault victims included in the study, 268 (82.7%) were female and 56 (17.3%) were male. The mean age of the victims was 16.78 ± 7.16 years (min: 3 yrs and max: 70 yrs). The mean age of the assailants was 25.35 ± 9.75 years (min: 9 yrs and max: 68 yrs).

Out of all the victims, 160 (49.4%) had a history of vaginal penetration, 117 (36.1%) had a history of anal penetration and 60 (18.5%) had a history of kissing, caressing, touching the sexual organ and rubbing the sexual organ.

Assaults were found mostly in assailants' homes (n : 149, 46%). Two-hundred and eighty-nine victims (89.2%) noted that they knew the assailants. Two-hundred and sixty-eight victims (82.7%) were exposed to assaults by only one assailant, but the rest of the victims were exposed to assailants by two or more than two assailants. The majority of the victims (n : 212, 65.4%) were primary school graduates. Fifteen victims (4.6%) did not receive education although they were adults. The victims were most frequently students (n : 103, 31.8%) (Table 1).

Out of 139 victims with a history of vaginal and anal penetration, 85 (26.3%) had genital injuries and 54 (16.7%) had anal injuries. In addition, 73 victims (22.5%) had injuries located in parts of the body other than the genital region. The lesions detected on physical examination are shown in Table 2.

4. Discussion

Unlike the literature, we found that the scene of sexual assaults occurring in Kahramanmaraş, Turkey, was usually the assailants' homes. In addition, the rate of anal penetration was higher than that reported in the literature. Considering similarities of socio-cultural status of Kahramanmaraş and other parts of Turkey, studied population might be anticipated as a sample for whole country and obtained results might reflect a general frame for Turkey. On the other hand, these findings is of high importance in globalized world.

Table 1

Socio-demographic characteristics of sexual assault victims and relationships between victims and assailants.

	<i>n</i>	%
Victim's social status		
Housewife	50	15.4
Students	103	31.8
Unemployed female adolescent	76	23.5
Prostitute	2	0.6
Worker without any qualifications	71	22
Prisoner	4	1.2
Handicapped	3	0.9
Unknown	15	4.6
Total	324	100
Relationships between victims and assailants		
Boyfriend	155	47.8
Relative	63	19.4
Neighbor	33	10.2
Spouse	27	8.3
Teacher	2	0.6
Other	9	2.8
Victims do not know assailants	34	10.5
Unknown	1	0.3
Total	324	100
Victims' education level		
Primary education	212	65.1
High school	73	22.3
Undergraduate	7	2.2
Preschool	17	5.2
Illiterate	15	4.6
Total	324	100
Assault scene		
Assailant's home	149	46.0
Deserted building	37	11.3
School/dormitory	14	4.4
Outdoor	42	22.8
Car	17	5.2
Victim's home	49	15.1
Prison	2	0.6
Workplace	11	3.4
Total	321	99.1

It has been reported in many studies that most of the sexual assault victims are female. Besides, the rate of female sexual assault victims ranges from 82.3% to 96.9%.^{9–12} Studies from Turkey revealed that the rate of female sexual assault victims varied between 79.6% and 82.1%.^{13,14} Consistent with the literature, we found that 82.7% of the victims were female.

It has been reported in the literature that the victims were usually in their teens or twenties. Janisch et al. revealed that the mean age of the victims was 26.7 years (range 14–78 years).¹⁰ Grossin et al. reported that the mean age of the victims was 15.9 years (range 1.5–79 years).¹¹ Hwa et al. noted that the mean age of the victims was 17.9 years (range 3–49 years).⁴ In the present study, we found that the mean age of the victims was 16.8 years. The variability in the age of sexual assault victims can be attributed to differences in attitudes toward sexual acts and in cultural characteristics between countries. The results of the present study were consistent with those reported by Grossin and Hwa.

Table 2

Findings from examinations.

	Type of lesions	<i>n</i>	%
Vaginal findings	Hymen lacerations	78	24.1
	Superficial laceration/abrasion	6	1.9
	Erythema	1	0.3
	Unknown	1	0.3
Anal findings	Laceration	32	9.9
	Loss of muscle tone	9	2.8
	Superficial laceration/abrasion	7	2.2
	Contusion	4	1.2
	Erythema	2	0.6

Janisch found the mean age of sexual assailants to be 33.9 years.¹⁰ In the present study, the mean age of the assailants was 25.3 years, which was lower than that reported by Janisch. These differences in the ages of assailants can be attributed to socio-cultural variables, sexual education levels, marrying at an early age and a conservative society.

In a study by Janisch et al., 78.4% of the victims had vaginal penetration, 13.4% had oral penetration and 8.9% had anal penetration.¹⁰ In a study by Riggs et al., 83.2% of the victims had vaginal penetration, 25% had oral penetration and 17% had anal penetration.⁹ Hwa et al. reported vaginal penetration in 99.1% of the victims, anal penetration in one victim and oral penetration in two victims.⁴ Consistent with the literature, this study also revealed that the most frequent type of sexual assault was vaginal penetration. Unlike the previous studies, this study showed that the second most frequent assault was anal penetration (16.7%). This was a striking finding underlining regional differences.

It has been noted in the literature that 34–54% of the victims were assaulted by a stranger and that 6–41% of the victims were assaulted by people the victims knew.^{9,15–17} Jones et al. reported that assailants were known by 66% of the adolescent victims and 47% of the adult victims.¹⁸ Studies from Turkey revealed that 88%–89.2% of the victims knew the assailants.^{19–21} This study also showed that most of the victims (89.2%) knew the assailants. The high rate of the victims knowing their assailants in Turkey can be explained by widespread extended family structure and close relationships between neighbors and people living in the same districts.

Grossin et al. reported that the sexual assault scene was victims' homes in 35%–56% of the sexual assaults and assailants' homes in 15%–23% of the sexual assaults.¹¹ Janisch et al. found that 51.5% of the assaults occurred in assailants' flats or houses.¹⁰ Riggs et al. revealed that 20.9% of the sexual assaults occurred in victims' homes and 20.8% of the sexual assaults occurred in assailants' homes.⁹ We found that the assault scene was the assailants' homes in 46% of the assaults, which is not consistent with the literature. This finding is possibly caused by a cultural issue that commendatory for females to live with their families. In Turkey, women generally live with other family members in relatively safe environment. As a result, sexual assault incidents more commonly occur in assulters' home/place instead of victims'. As another explanation, victims might easily believe and were deceived by assulter since most assulter were known to victims.

In this study, 22.5% of the victims had general body trauma and 43% of the victims had genital-anal injuries. Rates of general body trauma and genital injuries were reported to range from 41% to 70.4% and 20% to 61.7 respectively in the literature.^{4,9,10,22} The finding regarding genital injuries was consistent with the literature. However, the rate of general body trauma was lower than that reported in the literature. It may be that time to examination of victims might have been longer and that victims might have been willing to have a sexual relationship, but later complained about it.

Hwa et al. and Maguire et al. found the most frequent sign of sexual assaults to be hymen laceration.^{4,23} Janisch et al. reported the most frequent signs of sexual assaults to be hymen laceration and erythema.¹⁰ Consistent with the literature, we also found hymen laceration to be the most frequent sign of sexual assaults. Hymen laceration is an important indication for vaginal penetration in children, adolescents and women not married or having a sexual relationship before. As in Turkey, being virgin or having an intact hymen is considered important to get married in some countries. An intact hymen is considered as an important sign of virginity in many parts of Turkey.

The rate of anal injuries (16.7%) in this study was considerably higher than that reported in the literature.^{4,10,22,23} Anal injuries in sexual assault victims are of great importance. However, these

injuries may occur without a sexual assault. In addition, it can be very difficult to evaluate these injuries. Myhre et al. in their study on 305 preschoolers showed erythema in 29%–30% of the children, venous congestion in 51%–55% of the children, external anal dilatation in 33%–52% of the children and epithelial lesions in 7–8% of the children.²⁴ Moreover, anal penetration in sexual assaults may not cause any signs in victims other than young children and anal injuries can heal quickly.^{25,26} Such anogenital signs as redness and edema can be detected in 89% of the victims within 24 h of sexual assaults and in 46% of the victims in 72 h of sexual assaults.²⁷ Therefore, the reported rates of anal injuries are low. In the present study, the high rate of anal injuries can be due to the high rate of anal penetration in sexual assaults.

As a limitation of the present study, a precise evaluation of socio-demographic data was quite difficult, since the study sample comprised by children and adult victims.

5. Conclusion

Sexual assaults are an important problem both in our country and in the world. Sexual assault victims should be examined appropriately and forensic reports about sexual assaults should be written carefully. Appropriate measures should be taken to prevent sexual assaults. To this aim, education programs directed toward school children and adults should be prepared to increase public awareness. In the light of the results of this study, it can be concluded that physicians responsible for writing forensic reports about sexual assault victims should be offered training to increase their knowledge about sexual assaults. In addition, signs of anal penetration in sexual assaults should be evaluated carefully.

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Conflict of interest

There are no competing interests for any of authors.

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